



NOTIFICATION OF INTENT TO PERFORM INITIAL OPACITY COMPLIANCE TEST

AGENCY USE ONLY

Date Received _____

Assigned _____

Proposed Test Date _____

Pre-Test Meeting Desired? YES ☐ NO ☐

Facility License No. _____

This form must be postmarked at least 30 days before the proposed test date.

A. Facility Information

Name _____ Address _____

Contact Person _____ Town _____

Telephone # _____ Location of Equipment _____

Air Emission License # _____

B. Observer Information

EPA Method 9 Certified Observer(s)

Certification Date(s)

C. Facilities to be observed: List the applicable information under each column.

Affected Facility (crusher, screen, etc.)	Max. Rated Capacity *	Operating Capacity	Emission Point(s)	Fugitive Opacity Standard (%)	EPA Test Method (9 or 22)

- * - tons/hr for crushers, grinding mills, bucket elevators, bagging operations, and enclosed truck/railcar loading stations
- square meters of top screen surface area for screening operations
- tons for storage bins
- meters of belt width for conveyor belts



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- D. Will the affected facilities be operated at the maximum capacity listed in the Air Emission License?
YES ☐ NO ☐ If NO, attach explanation.

Specify how operating rate will be demonstrated during testing (*See notes 1, 2 and 3 on page 2.):

Are any modifications to USEPA Reference Method(s) proposed? YES ☐ NO ☐

- If NO is checked above, then no modification, however minor, will be accepted.
- If YES is checked, explain proposed modification(s): _____



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THE FOLLOWING ADDITIONAL INFORMATION SHALL BE SUBMITTED AS ATTACHMENTS:

E. Description of Operations:

A description of any operation, process, or activity that could produce fugitive dust emissions throughout the test. This shall include the description and feed rate of all materials capable of producing pollutant emissions used in each separate operation. Include the nature, size, design and method of operation of each affected facility.

Note 1: All testing shall be performed at maximum rated capacity as specified by the equipment manufacturer or by the Air Emission License, whichever is greater. Any other rate will be used only with the prior approval by the Bureau of Air Quality.

Note 2: If the affected facility is not operated at maximum capacity, or as close as possible, the unit might be limited to the tested production capacity in the Air Emission License.

Note 3: Production records must be included in the final report.

F. Description of Observation Points:

A dimensional sketch or sketches showing the plan and elevation view of the entire operation. The sketch should include the relative position of all processes or operations and the points to be tested. It should also include the position of the observer relative to the emission points. This may be submitted with the test report if the information is not available at the time of the notification.

G. Safety:

The License holder is responsible for providing a safe environment for the test. A DEP observers can require the test to be postponed if conditions are considered unsafe at the time of the test.

H. Test Report:

The final test report must contain, as a minimum, the following information to be acceptable:

- All raw data sheets, VE forms and calculations
- Process data
- Results of testing, including data reduction forms
- An explanation of all disruptions encountered during the test period (i.e., process shutdowns, interference, etc.)

Note: The report must be submitted within 30 days of conducting the test.

I. Test Rescheduling or Postponement:

It is understandable that a test will need to be rescheduled or postponed due to circumstances that would not allow representative conditions to be established, such as recent maintenance or modification, equipment failure, or the absence of key personnel. However, concern that a test will result in a determination of non-compliance is not a valid reason for postponement, and a decision to postpone the test without a valid reason may result in enforcement action against the facility. Reasons for postponing a test must be documented.

J. Certification:

Based upon information and belief formed after a reasonable inquiry, I, as a responsible official of the above-mentioned facility, certify the information contained in this notification is accurate and true to the best of my knowledge.

Name of Responsible Official (Print or Type)

Title

Date (mm/dd/yy)

Signature of Responsible Official